

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99962 Office of Registrar of Vital Statistics. Ward 7^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Sunday May 22nd 1887

Full Name of Deceased, Oliver Carleton Jr. { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Plasterer

Birth Place, Balto. Md. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1039 Mc Simough St. { Give Street and Number. }

Cause of Death, Phthisis Pulmonalis.
 Exhaustion { First (Primary), Second (Immediate), }

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, May 24, 1887

{ Undertaker, Wm. H. Hickman Wilmer Brinton M. D.
 Medical Attendant.

{ Place of Business, 234 N. Gay Address, Chas. St. & Forrest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *99963*

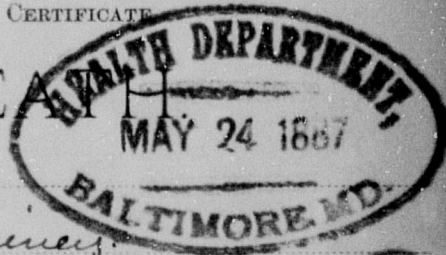
Office of Registrar of Vital Statistics.

Ward *14²*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, *May 22nd 1887.*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Ellen Mc Giney.*

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, *7* Years, *2* Months, *5* Days.

Color, *White*

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, *✓*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Baltimore City.*

Duration of Residence in the City of Baltimore, *Lifetime.*

Place of Death, { Give Street and Number. } *319 Arlington Ave.*

Cause of Death, { First (Primary), Second (Immediate), } *Chorea, Severe Exhaustion. Sudden in night. Possibly Cerebral Haemorrhage.*

Duration of Last Sickness, *About 6 weeks.*

All the above information should be furnished by the Physician.

Place of Burial, *St. Peters Cem.*

Date of Burial, *May 23/87*

Undertaker, *J. B. Cook* *C. O. Donovan Jr. M. D.*

Medical Attendant.

Place of Business, *1003 W. Baltimore* Address, *311 W. Monument St.*

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 99964

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99964 Office of Registrar of Vital Statistics. Ward 54

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, May 23, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Morley A

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 318 Forest St.

Cause of Death, { First (Primary), Cholera Infantum; Second (Immediate), Exhaustion }

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 34, 1887

{ Undertaker, William Dungan; Medical Attendant, P. P. Hooper M. D. }

{ Place of Business, 150 East St; Address, 1812 E. Balto St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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No. 99965

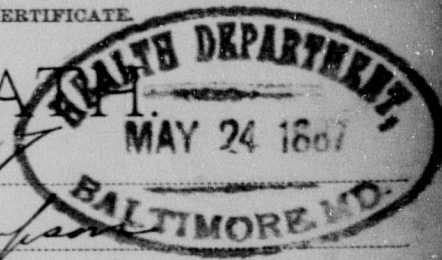
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Health Department, City of Baltimore.

Permit No. 99965 Office of Registrar of Vital Statistics. Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
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CERTIFICATE OF DEATH



Date of Death, May 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nettie Thompson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 3 Months, Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, [blank]

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 111 S Dallas St

Cause of Death, { First (Primary), Convulsion }
{ Second (Immediate), }

Duration of Last Sickness, 5 hrs
All the above information should be furnished by the Physician.

Place of Burial, Ashbury Cemetery

Date of Burial, May 24 1887

{ Undertaker, John E. Grace } D W Cattell M. D. Medical Attendant.

{ Place of Business, 313 Caroline St } Address, 4 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 99966

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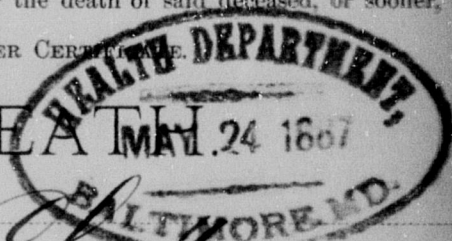
Health Department, City of Baltimore.

Permit No. 99966 Office of Registrar of Vital Statistics. Ward 19th

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CERTIFICATE OF DEATH



Date of Death, May 23/87

Full Name of Deceased, Annie Clarke

Sex, Male or Female, Male

Age, Years, Months, 15 hours

Color,

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Balt. City

Duration of Residence in the City of Baltimore, 15 years

Place of Death, 523 1/2 Mount St.

Cause of Death, Infantile Spasm

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cem

Date of Burial, May 24, 1887

Undertaker, Martin Fisher

Place of Business, 606 Townsend Address, 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 99967

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

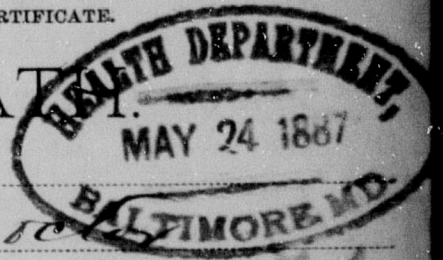
Permit No. 99967 Office of Registrar of Vital Statistics.

Ward 11^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, May 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jennie Brock

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 41 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Servant

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, Six days

Place of Death, { Give Street and Number. } Maryland General Hospital

Cause of Death, { First (Primary), Sarcina of Uterus
Second (Immediate), Peritonitis & Septicemia }
Three days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, May 24 1887

{ Undertaker, Stewart & Hosen } J. H. Scamper M. D.

Medical Attendant.

{ Place of Business, 35 Park ave Address, Charles & E. H. St }

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SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99968

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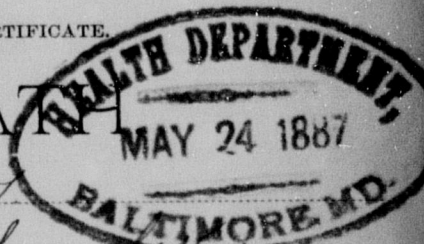
Health Department, City of Baltimore.

Permit No. 99968 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, May 23rd 1887

Full Name of Deceased, Mary Helenofsky

Sex, Male or Female, Female

Age, 28 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, Married

Occupation,

Birth Place, Bohemia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, 1607 Barnes St.

Cause of Death, First (Primary), Puerperal state Acute Septic Peritonitis
Second (Immediate), Peritonitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus.

Date of Burial, May 24/87.

Undertaker, Frank. Croach

Place of Business, 827 N. Durham St. Address, 1607 Barnes St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Health Department, City of Baltimore.

Permit No. 99969 Office of Registrar of Vital Statistics. Ward 12th

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CERTIFICATE OF DEATH

Date of Death, May 23. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Milton J.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, 2 1/2 Months, 2 1/2 Days

Color, Colored (Brown skin)

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1219 Park St.

Cause of Death, { First (Primary), Cutting Teeth }
Second (Immediate), Convulsions

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Levee Cemetery

Date of Burial, May 24 1887

Undertaker, William N. Dunge

Place of Business, 150 East St

I only saw the child once, and then no convulsions had occurred.

J. R. Page M. D.
Medical Attendant.

Address, _____

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[OVER.]

No. 99970

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99970 Office of Registrar of Vital Statistics. Ward 5

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH



Date of Death, May 23rd 1887.

Full Name of Deceased, Frank B. Marshall

Sex, Male or Female, Male

Age, Years, 1 Months, Days

Color, Colored

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, Balto. Ind.

Duration of Residence in the City of Baltimore, 1 month

Place of Death, 433 Short St.

Cause of Death, First (Primary), Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Church

Date of Burial, May 24 1887

Undertaker, William N. Dinger

Place of Business, 150 Court St. Address, 439 N. Central Ave

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 99971

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99971 Office of Registrar of Vital Statistics. Ward 18th 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH

Date of Death, May 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annis J. Halla

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 3 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Ballistman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 781 N. Peter St.

Place of Death, {Give Street and Number.} 781 N. Peter St.

Cause of Death, {First (Primary), Artificial Food; Second (Immediate), Gastric Enteritis}

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 24th 1887

{Undertaker, J. Halla} {Therese Corra} M. D. Medical Attendant.

{Place of Business, 115 West St.} {Address, 578 Hanover St.}

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[OVER.]